PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 1)						mn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		• 6			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =					X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	•	TOTAL		OR	TOTAL	7/0
CLAIMS AS AMENDED - PAI (Column 1) (Colu						(Column 3)		SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 20	Minus	2	<u> </u>	= Ø		X\$ 9=	- ,	OR	X\$18=	
	Independent	• 3	3 Minus ··· (5	<u> </u>		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	•	OR	+270=	
•								TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	
					,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		-		X40=		OR	X80=	
	FIRST PHESE	NTATION OF MU	JETIPLE DEP	ENUEN	CLAIM		1	+135=		OR	+270=	
							L.	TOTAL DDIT. FEE	·	OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	1	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							105			.070	
* If the entry in column 1 is less than the entry in column 2, write *0* in column 3.								+135=		OR	+270=	
••	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." All									OR	TOTAL ADDIT. FEE	
		nber Previously Pa					er four	nd in the app	ropriate box	in col	umn 1.	